

DO NOT SEPARATE -
RETURN ALL COPIES

- COUNTER
- MAIL

MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

- \$10.00 Each Copy
- \$23.00 Paternity/Corrections from 1997 to present

TODAY'S DATE		ENCLOSED \$ _____ IN _____ FOR _____ CERTIFIED COPIES	
		AMOUNT	CASH, CHECK, ETC
CHILD'S FULL NAME AT BIRTH		FIRST	MIDDLE
DATE OF BIRTH	MONTH	DAY	YEAR
PLACE OF BIRTH		TOWN OR CITY	
		COUNTY	HOSPITAL
FATHER'S NAME	FIRST	MIDDLE	LAST
PLACE OF BIRTH		STATE OR COUNTRY	
MOTHER'S MAIDEN NAME	FIRST	MIDDLE	LAST
PLACE OF BIRTH		STATE OR COUNTRY	
RELATIONSHIP TO PERSON NAMED IN CERTIFICATE		SIGNATURE	
TELEPHONE NUMBER		ID TYPE, # & EXP. DATE (FOR OFFICE USE ONLY)	

SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME THIS _____ DAY OF _____ 20____

NOTARY'S SIGNATURE

MY COMMISSION EXPIRES: _____

FOR OFFICE USE ONLY	
DATE ISSUED	
SFN	
RECEIPT #	
DOC SERIAL #	

▼ PRINT OR TYPE NAME AND MAILING ADDRESS ▼

YOUR NAME	
MAILING ADDRESS STREET OR P.O. BOX	
CITY AND STATE	ZIP CODE

Make check/money order payable to and mail to:

Office of Vital Registration
P.O. Box 2111
Phoenix, Arizona 85001
(602) 506-6805

081-2515 R09-03

If applying in person, we are located at 1825 E. Roosevelt, Phoenix, Arizona 85006

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If mailing in your application & paying by check, a copy of a VALID GOVERNMENT PICTURE ID must be provided by the person signing; otherwise, the application may be notarized.
WARNING: False application for a birth certificate is a punishable offense.

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